

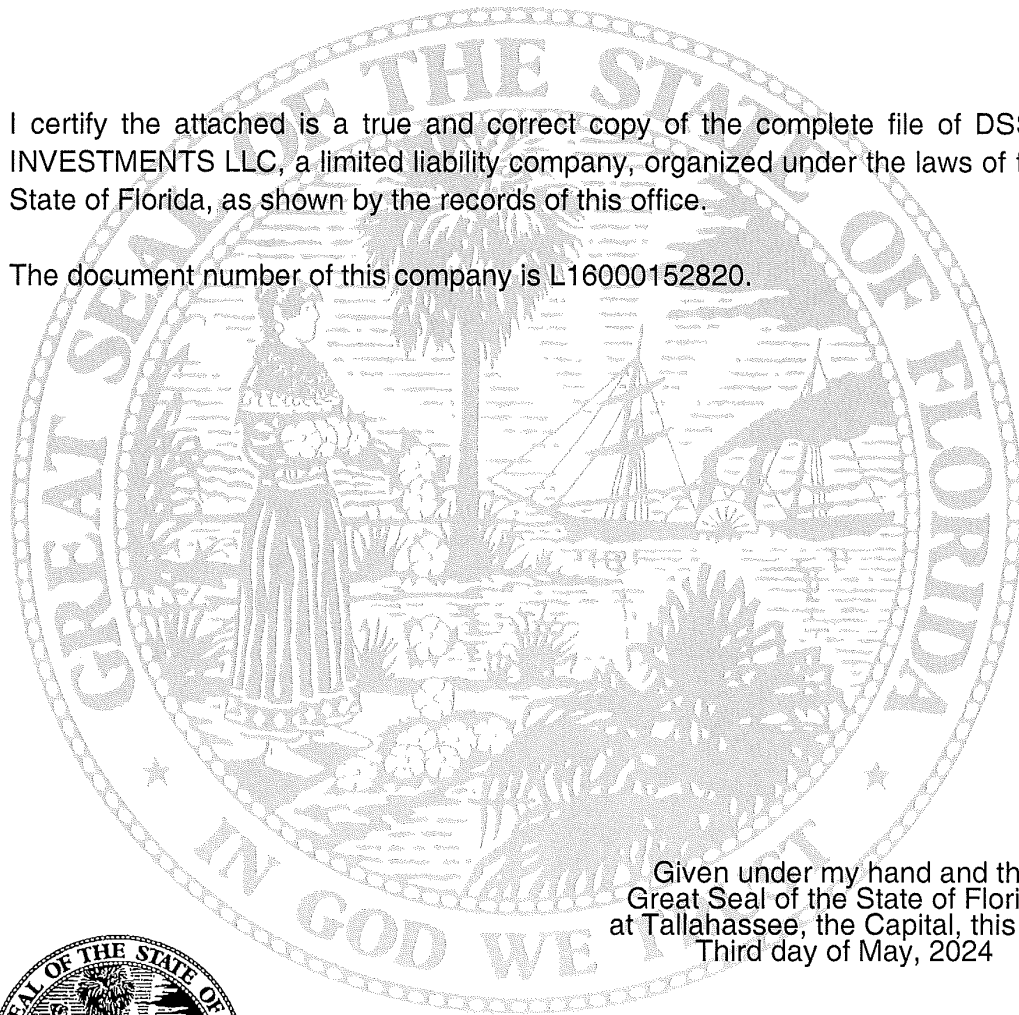
State of Florida



Department of State

I certify the attached is a true and correct copy of the complete file of DSSC INVESTMENTS LLC, a limited liability company, organized under the laws of the State of Florida, as shown by the records of this office.

The document number of this company is L16000152820.



Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Third day of May, 2024



CR2E022 (01-11)


Cord Byrd

Secretary of State

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L16000152820
FILED 8:00 AM
August 15, 2016
Sec. Of State
kpcardwell

Article I

The name of the Limited Liability Company is:
DSSC INVESTMENTS LLC

Article II

The street address of the principal office of the Limited Liability Company is:
13214 FIJI WAY
UNIT H
MARINA DEL REY, CA. UN 90292

The mailing address of the Limited Liability Company is:
13214 FIJI WAY
UNIT H
MARINA DEL REY, CA. UN 90292

Article III

The name and Florida street address of the registered agent is:
NAUTILUS LEGAL SERVICES, P.A.
150 SE 2ND AVENUE,
SUITE PH1
MIAMI, FL. 33131

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: GABRIEL BODNER

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
DIEGO D SANCHEZ SR
13214 FIJI WAY
MARINA DEL REY, CA. 90292 UN

Title: MGR
ANA A LASALA
13214 FIJI WAY
MARINA DEL REY, CA. 90292 UN

L16000152820
FILED 8:00 AM
August 15, 2016
Sec. Of State
kpcardwell

Article V

The effective date for this Limited Liability Company shall be:

08/15/2016

Signature of member or an authorized representative

Electronic Signature: DIEGO SANCHEZ

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000152820

Entity Name: DSSC INVESTMENTS LLC

Current Principal Place of Business:

13214 FIJI WAY
UNIT H
MARINA DEL REY, CA 90292

Current Mailing Address:

13214 FIJI WAY
UNIT H
MARINA DEL REY, CA 90292 UN

FEI Number: 81-3585135

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NAUTILUS LEGAL SERVICES, P.A.
150 SE 2ND AVENUE,
SUITE PH1
MIAMI, FL 33131 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name SANCHEZ, DIEGO D SR
Address 13214 FIJI WAY
City-State-Zip: MARINA DEL REY CA 90292

Title MGR
Name LASALA, ANA A
Address 13214 FIJI WAY
City-State-Zip: MARINA DEL REY CA 90292

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DIEGO SANCHEZ

MANAGER

01/17/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000152820

Entity Name: DSSC INVESTMENTS LLC

Current Principal Place of Business:

13214 FIJI WAY
UNIT H
MARINA DEL REY, CA 90292

Current Mailing Address:

13214 FIJI WAY
UNIT H
MARINA DEL REY, CA 90292 UN

FEI Number: 81-3585135

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NAUTILUS LEGAL SERVICES, P.A.
150 SE 2ND AVENUE,
SUITE PH1
MIAMI, FL 33131 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name SANCHEZ, DIEGO D SR
Address 13214 FIJI WAY
City-State-Zip: MARINA DEL REY CA 90292

Title MGR
Name LASALA, ANA A
Address 13214 FIJI WAY
City-State-Zip: MARINA DEL REY CA 90292

I heroby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DIEGO SANCHEZ

DIRECTOR

04/03/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000152820

Entity Name: DSSC INVESTMENTS LLC

Current Principal Place of Business:

13214 FIJI WAY
UNIT H
MARINA DEL REY, CA 90292

Current Mailing Address:

13214 FIJI WAY
UNIT H
MARINA DEL REY, CA 90292 UN

FEI Number: 81-3585135

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NAUTILUS LEGAL SERVICES, P.A.
150 SE 2ND AVENUE,
SUITE PH1
MIAMI, FL 33131 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name SANCHEZ, DIEGO D SR
Address 13214 FIJI WAY
City-State-Zip: MARINA DEL REY CA 90292

Title MGR
Name LASALA, ANA A
Address 13214 FIJI WAY
City-State-Zip: MARINA DEL REY CA 90292

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DIEGO SANCHEZ

DIRECTOR

03/07/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000152820

Entity Name: DSSC INVESTMENTS LLC

Current Principal Place of Business:

13214 FIJI WAY
UNIT H
MARINA DEL REY, CA 90292

Current Mailing Address:

13214 FIJI WAY
UNIT H
MARINA DEL REY, CA 90292 UN

FEI Number: 81-3585135

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NAUTILUS LEGAL SERVICES, P.A.
150 SE 2ND AVENUE,
SUITE PH1
MIAMI, FL 33131 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	SANCHEZ, DIEGO D SR	Name	LASALA, ANA A
Address	13214 FIJI WAY	Address	13214 FIJI WAY
City-State-Zip:	MARINA DEL REY CA 90292	City-State-Zip:	MARINA DEL REY CA 90292

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DIEGO SANCHEZ

OWNER

03/09/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000152820

Entity Name: DSSC INVESTMENTS LLC

Current Principal Place of Business:

13214 FIJI WAY
UNIT H
MARINA DEL REY, CA 90292

Current Mailing Address:

13214 FIJI WAY
UNIT H
MARINA DEL REY, CA 90292 UN

FEI Number: 81-3585135

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NAUTILUS LEGAL SERVICES, P.A.
150 SE 2ND AVENUE,
SUITE PH1
MIAMI, FL 33131 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	SANCHEZ, DIEGO D SR	Name	LASALA, ANA A
Address	13214 FIJI WAY	Address	13214 FIJI WAY
City-State-Zip:	MARINA DEL REY CA 90292	City-State-Zip:	MARINA DEL REY CA 90292

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DIEGO SANCHEZ

03/14/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

IGX_SD_000137063

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000152820

Entity Name: DSSC INVESTMENTS LLC

Current Principal Place of Business:

865 FLOWER AVE
VENICE, CA 90291

Current Mailing Address:

865 FLOWER AVE
VENICE, CA 90291 UN

FEI Number: 81-3585135

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NAUTILUS LEGAL SERVICES, P.A.
150 SE 2ND AVENUE,
SUITE PH1
MIAMI, FL 33131 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name SANCHEZ, DIEGO D SR
Address 865 FLOWER AVE
City-State-Zip: VENICE CA 90291

Title MGR
Name LASALA, ANA A
Address 865 FLOWER AVE
City-State-Zip: VENICE CA 90291

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DIEGO SANCHEZ

OWNER

04/28/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date

2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L16000152820

Entity Name: DSSC INVESTMENTS LLC

Current Principal Place of Business:

865 FLOWER AVE
VENICE, CA 90291

Current Mailing Address:

865 FLOWER AVE
VENICE, CA 90291 UN

FEI Number: 81-3585135

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NAUTILUS LEGAL SERVICES, P.A.
150 SE 2ND AVENUE,
SUITE PH1
MIAMI, FL 33131 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DIEGO SANCHEZ

10/03/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name SANCHEZ, DIEGO D SR
Address 865 FLOWER AVE
City-State-Zip: VENICE CA 90291

Title MGR
Name LASALA, ANA A
Address 865 FLOWER AVE
City-State-Zip: VENICE CA 90291

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DIEGO SANCHEZ

OWNER

10/03/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

State of Florida



Department of State

I certify the attached is a true and correct copy of the complete file of GLOBAL VISION MEDICAL LLC, a limited liability company, organized under the laws of the State of Florida, as shown by the records of this office.

The document number of this company is L18000169605.

I further certify that said company was administratively dissolved on September 22, 2023.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Third day of May, 2024



CR2E022 (01-11)

Cord Byrd
Secretary of State

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L18000169605
FILED 8:00 AM
July 13, 2018
Sec. Of State
jafason

Article I

The name of the Limited Liability Company is:
GLOBAL VISION MEDICAL LLC

Article II

The street address of the principal office of the Limited Liability Company is:
16298 NE 8TH CT
NORTH MIAMI BEACH, FL. 33162

The mailing address of the Limited Liability Company is:
16298 NE 8TH CT
NORTH MIAMI BEACH, FL. 33162

Article III

The name and Florida street address of the registered agent is:
OMAR PALACIOS
16298 NE 8TH CT
NORTH MIAMI BEACH, FL. 33162

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: OMAR PALACIOS

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
OMAR PALACIOS
16298 NE 8TH CT
NORTH MIAMI BEACH, FL. 33162

L18000169605
FILED 8:00 AM
July 13, 2018
Sec. Of State
jafason

Article V

The effective date for this Limited Liability Company shall be:

07/13/2018

Signature of member or an authorized representative

Electronic Signature: OMAR PALACIOS

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000169605

Entity Name: GLOBAL VISION MEDICAL LLC

Current Principal Place of Business:

16298 NE 8TH CT
NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

16298 NE 8TH CT
NORTH MIAMI BEACH, FL 33162

FEI Number: 83-1221400

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PALACIOS, OMAR
16298 NE 8TH CT
NORTH MIAMI BEACH, FL 33162 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name PALACIOS, OMAR
Address 16298 NE 8TH CT
City-State-Zip: NORTH MIAMI BEACH FL 33162

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: OMAR PALACIOS

MGR

04/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000169605

Entity Name: GLOBAL VISION MEDICAL LLC

Current Principal Place of Business:

4000 HOLLYWOOD BLVD
SUITE 555-S
HOLLYWOOD, FL 33021

Current Mailing Address:

4000 HOLLYWOOD BLVD
SUITE 555-S
HOLLYWOOD, FL 33021 US

FEI Number: 83-1221400

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORNERSTONE TAX AND ACCT.SVCS. CORP
4000 HOLLYWOOD BLVD
SUITE 555-S
HOLLYWOOD, FL 33021 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ROXANA TUMBACO

06/30/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name PALACIOS, OMAR
Address 5830 PARK ROAD
City-State-Zip: FORT LAUDERDALE FL 33312

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: OMAR PALACIOS

MGR

06/30/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date

IGX_SD_000137070

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000169605

Entity Name: GLOBAL VISION MEDICAL LLC

Current Principal Place of Business:

4000 HOLLYWOOD BLVD
SUITE 555-S
HOLLYWOOD, FL 33021

Current Mailing Address:

4000 HOLLYWOOD BLVD
SUITE 555-S
HOLLYWOOD, FL 33021 US

FEI Number: 83-1221400

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORNERSTONE TAX AND ACCT.SVCS. CORP
4000 HOLLYWOOD BLVD
SUITE 555-S
HOLLYWOOD, FL 33021 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ROXANA TUMBACO

04/25/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name PALACIOS, OMAR
Address 5830 PARK ROAD
City-State-Zip: FORT LAUDERDALE FL 33312

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: OMAR PALACIOS

MGR

04/25/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

IGX_SD_000137071

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000169605

Entity Name: GLOBAL VISION MEDICAL LLC

Current Principal Place of Business:

4000 HOLLYWOOD BLVD
SUITE 555-S
HOLLYWOOD, FL 33021

Current Mailing Address:

4000 HOLLYWOOD BLVD
SUITE 555-S
HOLLYWOOD, FL 33021 US

FEI Number: 83-1221400

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORNERSTONE TAX AND ACCT.SVCS. CORP
4000 HOLLYWOOD BLVD
SUITE 555-S
HOLLYWOOD, FL 33021 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ROXANA TUMBACO

04/27/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name PALACIOS, OMAR
Address 5830 PARK ROAD
City-State-Zip: FORT LAUDERDALE FL 33312

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PALACIOS OMAR

MGRM

04/27/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date

IGX_SD_000137072



Department of State

I certify the attached is a true and correct copy of the complete file of HCC MANAGEMENT GROUP, LLC, a limited liability company, organized under the laws of the State of Florida, as shown by the records of this office.

The document number of this company is L16000155517.

I further certify that said company was administratively dissolved on September 25, 2020.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Third day of May, 2024



CR2E022 (01-11)

A handwritten signature in black ink, appearing to read "Cord Byrd".

Cord Byrd
Secretary of State

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L16000155517
FILED 8:00 AM
August 18, 2016
Sec. Of State
cgolden

Article I

The name of the Limited Liability Company is:
HCC MANAGEMENT GROUP, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
103 YACHT CLUB WAY
308
HYPOLUXO, FL. 33462

The mailing address of the Limited Liability Company is:
103 YACHT CLUB WAY
308
HYPOLUXO, FL. 33462

Article III

The name and Florida street address of the registered agent is:
STEPHANIE L CURRAN
103 YACHT CLUB WAY
#308
HYPOLUXO, FL. 33462

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: STEPHANIE CURRAN

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
STEPHANIE L. CURRAN
103 YACHT CLUB WAY 308
HYPOLUXO, FL. 33462 UN

Title: MGR
NIKITA S HERMESMAN
103 YACHT CLUB WAY 308
HYPOLUXO, FL. 33462 UN

L16000155517
FILED 8:00 AM
August 18, 2016
Sec. Of State
cgolden

Article V

The effective date for this Limited Liability Company shall be:

08/18/2016

Signature of member or an authorized representative

Electronic Signature: STEPHANIE CURRAN

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000155517

Entity Name: HCC MANAGEMENT GROUP, LLC

Current Principal Place of Business:

5956 SANDBIRCH WAY
LAKE WORTH, FL 33463

Current Mailing Address:

5956 SANDBIRCH WAY
LAKE WORTH, FL 33463 US

FEI Number: 81-3646928

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CURRAN, STEPHANIE L
5956 SANDBIRCH WAY
LAKE WORTH, FL 33463 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name CURRAN, STEPHANIE L
Address 5956 SANDBIRCH WAY
City-State-Zip: LAKE WORTH FL 33463

Title MGR
Name HERMESMAN, NIKITA S
Address 5956 SANDBIRCH WAY
City-State-Zip: LAKE WORTH FL 33463

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEPHANIE CURRAN

MGR

02/27/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000155517

Entity Name: HCC MANAGEMENT GROUP, LLC

Current Principal Place of Business:

5956 SANDBIRCH WAY
LAKE WORTH, FL 33463

Current Mailing Address:

5956 SANDBIRCH WAY
LAKE WORTH, FL 33463 US

FEI Number: 81-3646928

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CURRAN, STEPHANIE L
5956 SANDBIRCH WAY
LAKE WORTH, FL 33463 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name CURRAN, STEPHANIE L
Address 5956 SANDBIRCH WAY
City-State-Zip: LAKE WORTH FL 33463

Title MGR
Name HERMESMAN, NIKITA S
Address 5956 SANDBIRCH WAY
City-State-Zip: LAKE WORTH FL 33463

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEPHANIE CURRAN

MGR

01/23/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date

216000155517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

(Document Number)

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2018 JUL 25 PM 5:03

B FIGUEROA

AUG 02 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HCC management group, llc
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephanie Curran
Name of Person

HCC management group, llc
Firm/Company

5956 SANDWICH WAY
Address

LAKE WORTH FL 33463
City/State and Zip Code

Nikita h 141@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nikita Helmesman at (561) 523 1951
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: HCC Management Group, LLC
2. (a) 5956 SANDBIRCH WAY
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
LAKE WORTH FL 33463
- (b) 5956 SANDBIRCH WAY
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
LAKE WORTH FL 33463
3. 08/16/2016
Date of filing/registration in Florida
4. L16000155517
Document number
5. (a) Stephanie Curran
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
5956 SANDBIRCH WAY
LAKE WORTH FL 33463
- (b) Nikita Hermelma
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
5956 SANDBIRCH WAY
NEW Registered Office Address:
LAKE WORTH FL 33463

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

Stephanie Curran
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

2018 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L16000155517

Entity Name: HCC MANAGEMENT GROUP, LLC

Current Principal Place of Business:

5956 SANDBIRCH WAY
LAKE WORTH, FL 33463

Current Mailing Address:

5956 SANDBIRCH WAY
LAKE WORTH, FL 33463 US

FEI Number: 81-3646928

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HERMESMAN, NIKITA
5956 SANDBIRCH WAY
LAKE WORTH, FL 33463 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: NIKITA HERMESMAN

08/07/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name HERMESMAN, NIKITA S
Address 5956 SANDBIRCH WAY
City-State-Zip: LAKE WORTH FL 33463

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NIKITA HERMESMAN

MGR

08/07/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000155517

Entity Name: HCC MANAGEMENT GROUP, LLC

Current Principal Place of Business:

8461 LAKE WORTH RD
#233G
LAKE WORTH , FL 33467

Current Mailing Address:

2960 NE 207TH STREET
#1011
AVENTURA, FL 33180 US

FEI Number: 81-3646928

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HERMESMAN, NIKITA
2960 NE 207TH STREET
#1011
AVENTURA, FL 33180 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: NIKITA HERMESMAN

04/11/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name HERMESMAN, NIKITA S
Address 2960 NE 207TH STREET
#1011
City-State-Zip: AVENTURA FL 33180

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NIKITA HERMESMAN

MGR

04/11/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

State of Florida



Department of State

I certify the attached is a true and correct copy of the complete file of INNOVATIVE GENOMICS LLC, a Texas limited liability company, authorized to transact business within the state of Florida, as shown by the records of this office.

The document number of this limited liability company is M23000012842.



Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Third day of May, 2024


Cord Byrd

Secretary of State

CR2E022 (01-11)

1123000012842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

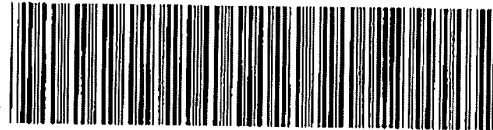
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600415642576

09/14/23--01018--011 **180.00

2023 OCT -4 AM 8:16

T. H. M. TUX

OCT - 6 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Innovative Genomics LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Diego Sanchez

Name of Person

Innovative Genomics LLC

Firm/Company

5410 Fredericksburg Road, Suite 304

Address

San Antonio, TX, 78229

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diego Sanchez

310

985-2834

Name of Contact Person

at (_____) _____
Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 26, 2023

DIEGO SANCHEZ
5410 FREDERICKSBURG RD STE 304
SAN ANTONIO, TX 78229

SUBJECT: INNOVATIVE GENOMICS LLC
Ref. Number: W23000131249

We have received your document for INNOVATIVE GENOMICS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 323A00022237

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Innovative Genomics LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. TEXAS
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-0934837
(FEI number, if applicable)

4. 09/01/2023
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4805 NW 2ND AVE
(Street Address of Principal Office)

6. 5410 Fredericksburg Road, Suite 304
(Mailing Address)

BOCA RATON, FL, 33431 San Antonio, TX, 78229

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: ENRIQUE PEREZ PARIS

Office Address: 4805 NW 2ND AVE

BOCA RATON, Florida 33431
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Enrique Perez
(Registered agent's signature)

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Jane Nelson
Secretary of State

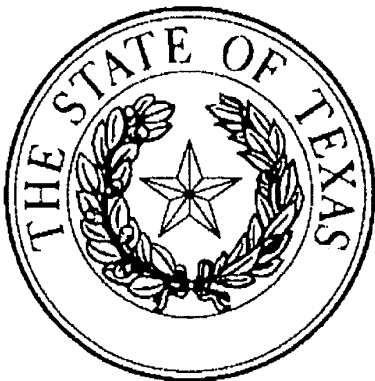
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Innovative Genomics LLC (file number 802677728), a Domestic Limited Liability Company (LLC), was filed in this office on March 20, 2017.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 08, 2023.



A handwritten signature in black ink that reads "Jane Nelson".

Jane Nelson
Secretary of State

Phone: (512) 463-5555
Prepared by: SOS-WEB

Come visit us on the internet at <https://www.sos.texas.gov/>
Fax: (512) 463-5709
TID: 10264

Dial: 7-1-1 for Relay Services
Document: 1283052430004

IGX_SD_000137088

State of Florida



Department of State

I certify the attached is a true and correct copy of the complete file of PREVENTIVE HEALTH PARTNERS, LLC, a limited liability company, organized under the laws of the State of Florida, as shown by the records of this office.

The document number of this company is L15000165258.



CR2E022 (01-11)

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Third day of May, 2024

Cord Byrd
Secretary of State

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L15000165258
FILED 8:00 AM
September 29, 2015
Sec. Of State
vherring

Article I

The name of the Limited Liability Company is:
PREVENTIVE HEALTH PARTNERS, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
19900 E.COUNTRY CLUB DR #304
AVENTURA, FL. US 33180

The mailing address of the Limited Liability Company is:
19900 E.COUNTRY CLUB DR #304
AVENTURA, FL. US 33180

Article III

Other provisions, if any:
MEDICAL SALES, CONSULTING SERVICES

Article IV

The name and Florida street address of the registered agent is:
ENRIQUE PEREZ-PARIS
19900 E.COUNTRY CLUB DR #304
AVENTURA, FL. 33180

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: ENRIQUE PEREZ-PARIS

Article V

The name and address of person(s) authorized to manage LLC:

Title: MGRM
ENRIQUE PEREZ-PARIS
19900 E.COUNTRY CLUB DR #304
AVENTURA, FL. 33180 US

Title: MGRM
HOSSEIN SHADANLOU
1500 SW 12TH STREET
MIAMI, FL. 33135 US

L15000165258
FILED 8:00 AM
September 29, 2015
Sec. Of State
vherring

Article VI

The effective date for this Limited Liability Company shall be:

09/28/2015

Signature of member or an authorized representative

Electronic Signature: ENRIQUE PEREZ

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000165258

Entity Name: PREVENTIVE HEALTH PARTNERS, LLC

Current Principal Place of Business:

19900 E.COUNTRY CLUB DR #304
AVENTURA, FL 33180

Current Mailing Address:

19900 E.COUNTRY CLUB DR #304
AVENTURA, FL 33180 US

FEI Number: 47-5213945

Name and Address of Current Registered Agent:

PEREZ-PARIS, ENRIQUE
19900 E.COUNTRY CLUB DR #304
AVENTURA, FL 33180 US

Certificate of Status Desired: Yes

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name PEREZ-PARIS, ENRIQUE
Address 19900 E.COUNTRY CLUB DR #304
City-State-Zip: AVENTURA FL 33180

Title MGRM
Name SHADANLOU, HOSSEIN
Address 1500 SW 12TH STREET
City-State-Zip: MIAMI FL 33135

Title MANAGER
Name CUBEDDU, ROBERTO
Address 19900 E.COUNTRY CLUB DR #304
City-State-Zip: AVENTURA FL 33180

Title MANAGER
Name ESTEBAN, PEREZ-CISNEROS
Address 19900 E.COUNTRY CLUB DR #304
City-State-Zip: AVENTURA FL 33180

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ENRIQUE PEREZ-PARIS

MANAGER

03/25/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000165258

Entity Name: PREVENTIVE HEALTH PARTNERS, LLC

Current Principal Place of Business:

19900 E.COUNTRY CLUB DR #304
AVENTURA, FL 33180

Current Mailing Address:

19900 E.COUNTRY CLUB DR #304
AVENTURA, FL 33180 US

FEI Number: 47-5213945

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEREZ-PARIS, ENRIQUE
19900 E.COUNTRY CLUB DR #304
AVENTURA, FL 33180 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name PEREZ-PARIS, ENRIQUE
Address 19900 E.COUNTRY CLUB DR #304
City-State-Zip: AVENTURA FL 33180

Title MGRM
Name SHADANLOU, HOSSEIN
Address 1500 SW 12TH STREET
City-State-Zip: MIAMI FL 33135

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ENRIQUE PEREZ-PARIS

MGR

02/13/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000165258

Entity Name: PREVENTIVE HEALTH PARTNERS, LLC

Current Principal Place of Business:

19900 E.COUNTRY CLUB DR #304
AVENTURA, FL 33180

Current Mailing Address:

19900 E.COUNTRY CLUB DR #304
AVENTURA, FL 33180 US

FEI Number: 47-5213945

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEREZ-PARIS, ENRIQUE
19900 E.COUNTRY CLUB DR #304
AVENTURA, FL 33180 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name PEREZ-PARIS, ENRIQUE
Address 19900 E.COUNTRY CLUB DR #304
City-State-Zip: AVENTURA FL 33180

Title AUTHORIZED MEMBER
Name SHADANLOU, HOSSEIN
Address 1500 SW 12TH STREET
City-State-Zip: MIAMI FL 33135

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ENRIQUE PEREZ-PARIS

MANAGER

01/30/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000165258

Entity Name: PREVENTIVE HEALTH PARTNERS, LLC

Current Principal Place of Business:

19900 E.COUNTRY CLUB DR #304
AVENTURA, FL 33180

Current Mailing Address:

19900 E.COUNTRY CLUB DR #304
AVENTURA, FL 33180 US

FEI Number: 47-5213945

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEREZ-PARIS, ENRIQUE
19900 E.COUNTRY CLUB DR #304
AVENTURA, FL 33180 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Date

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title MGRM
Name PEREZ-PARIS, ENRIQUE
Address 19900 E.COUNTRY CLUB DR #304
City-State-Zip: AVENTURA FL 33180

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ENRIQUE PEREZ-PARIS

CEO

04/02/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000165258

Entity Name: PREVENTIVE HEALTH PARTNERS, LLC

Current Principal Place of Business:

19900 E.COUNTRY CLUB DR #304
AVENTURA, FL 33180

Current Mailing Address:

19900 E.COUNTRY CLUB DR #304
AVENTURA, FL 33180 US

FEI Number: 47-5213945

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEREZ-PARIS, ENRIQUE
19900 E.COUNTRY CLUB DR #304
AVENTURA, FL 33180 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name PEREZ-PARIS, ENRIQUE
Address 19900 E.COUNTRY CLUB DR #304
City-State-Zip: AVENTURA FL 33180

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ENRIQUE PEREZ-PARIS

MANAGER

01/27/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000165258

Entity Name: PREVENTIVE HEALTH PARTNERS, LLC

Current Principal Place of Business:

19900 E.COUNTRY CLUB DR #304
AVENTURA, FL 33180

Current Mailing Address:

19900 E.COUNTRY CLUB DR #304
AVENTURA, FL 33180 US

FEI Number: 47-5213945

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEREZ-PARIS, ENRIQUE
19900 E.COUNTRY CLUB DR #304
AVENTURA, FL 33180 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name PEREZ-PARIS, ENRIQUE
Address 19900 E.COUNTRY CLUB DR #304
City-State-Zip: AVENTURA FL 33180

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ENRIQUE PEREZ-PARIS

CEO

02/04/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000165258

Entity Name: PREVENTIVE HEALTH PARTNERS, LLC

Current Principal Place of Business:

19900 E.COUNTRY CLUB DR #304
AVENTURA, FL 33180

Current Mailing Address:

19900 E.COUNTRY CLUB DR #304
AVENTURA, FL 33180 US

FEI Number: 47-5213945

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEREZ-PARIS, ENRIQUE
19900 E.COUNTRY CLUB DR #304
AVENTURA, FL 33180 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name PEREZ-PARIS, ENRIQUE
Address 19900 E.COUNTRY CLUB DR #304
City-State-Zip: AVENTURA FL 33180

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ENRIQUE PEREZ-PARIS

OWNER

03/07/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000165258

Entity Name: PREVENTIVE HEALTH PARTNERS, LLC

Current Principal Place of Business:

19900 E.COUNTRY CLUB DR #304
AVENTURA, FL 33180

Current Mailing Address:

19900 E.COUNTRY CLUB DR #304
AVENTURA, FL 33180 US

FEI Number: 47-5213945

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEREZ-PARIS, ENRIQUE
19900 E.COUNTRY CLUB DR #304
AVENTURA, FL 33180 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name PEREZ-PARIS, ENRIQUE
Address 19900 E.COUNTRY CLUB DR #304
City-State-Zip: AVENTURA FL 33180

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ENRIQUE PEREZ-PARIS

OWNER

03/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000165258

Entity Name: PREVENTIVE HEALTH PARTNERS, LLC

Current Principal Place of Business:

19900 E.COUNTRY CLUB DR #304
AVENTURA, FL 33180

Current Mailing Address:

19900 E.COUNTRY CLUB DR #304
AVENTURA, FL 33180 US

FEI Number: 47-5213945

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEREZ-PARIS, ENRIQUE
19900 E.COUNTRY CLUB DR #304
AVENTURA, FL 33180 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name PEREZ-PARIS, ENRIQUE
Address 19900 E.COUNTRY CLUB DR #304
City-State-Zip: AVENTURA FL 33180

Title MANAGER
Name DUBEN, STEPHANNY
Address 19900 E. COUNTRY CLUB DRIVE, APT.
304
City-State-Zip: MIAMI FL 33180

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PEREZ-PARIS, ENRIQUE

OWNER

03/03/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

State of Florida



Department of State

I certify the attached is a true and correct copy of the complete file of VEN-VAMOS STRATEGIES ,LLC, a limited liability company, organized under the laws of the State of Florida, as shown by the records of this office.

The document number of this company is L18000016427.



CR2E022 (01-11)

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Third day of May, 2024


Cord Byrd

Secretary of State

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L18000016427
FILED 8:00 AM
January 18, 2018
Sec. Of State
jafason**

Article I

The name of the Limited Liability Company is:
VEN-VAMOS STRATEGIES ,LLC

Article II

The street address of the principal office of the Limited Liability Company is:
4290 SW 149TH CT
MIAMI, FL. US 33185

The mailing address of the Limited Liability Company is:
4290 SW 149TH CT
MIAMI, FL. US 33185

Article III

The name and Florida street address of the registered agent is:
JESUS A PEREZ
13980 SW 47TH ST
SUITE H
MIAMI, FL. 33175

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: JESUS A PEREZ

Article IV

The name and address of person(s) authorized to manage LLC:

Title: AMBR
NADIR A PEREZ
4290 SW 149TH CT
MIAMI, FL. 33185

Title: MGR
JESSICA A LANDSBERG
8140 SW 60TH AVE
MIAMI, FL. 33143

L18000016427
FILED 8:00 AM
January 18, 2018
Sec. Of State
jafason

Article V

The effective date for this Limited Liability Company shall be:

01/12/2018

Signature of member or an authorized representative

Electronic Signature: NADIR A PEREZ

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000016427

Entity Name: VEN-VAMOS STRATEGIES ,LLC

Current Principal Place of Business:

4290 SW 149TH CT
MIAMI, FL 33185

Current Mailing Address:

4290 SW 149TH CT
MIAMI, FL 33185 US

FEI Number: 82-4092877

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEREZ, JESUS A
13980 SW 47TH ST
SUITE H
MIAMI, FL 33175 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name PEREZ, NADIR A
Address 4290 SW 149TH CT
City-State-Zip: MIAMI FL 33185

Title MGR
Name LANDSBERG, JESSICA A
Address 8140 SW 60TH AVE
City-State-Zip: MIAMI FL 33143

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NADIR A PEREZ

AMBR

04/23/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000016427

Entity Name: VEN-VAMOS STRATEGIES ,LLC

Current Principal Place of Business:

4290 SW 149TH CT
MIAMI, FL 33185

Current Mailing Address:

4290 SW 149TH CT
MIAMI, FL 33185 US

FEI Number: 82-4092877

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEREZ, NADIR A
4290 SW 149TH CT
MIAMI, FL 33185 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: NADIR A PEREZ

06/30/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name PEREZ, NADIR A
Address 4290 SW 149TH CT
City-State-Zip: MIAMI FL 33185

Title MGR
Name LANDSBERG, JESSICA A
Address 8140 SW 60TH AVE
City-State-Zip: MIAMI FL 33143

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NADIR A PEREZ

AMBR

06/30/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000016427

Entity Name: VEN-VAMOS STRATEGIES ,LLC

Current Principal Place of Business:

4290 SW 149TH CT
MIAMI, FL 33185

Current Mailing Address:

4290 SW 149TH CT
MIAMI, FL 33185 US

FEI Number: 82-4092877

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEREZ, NADIR A
4290 SW 149TH CT
MIAMI, FL 33185 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: NADIR A PEREZ

04/28/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	AMBR	Title	MGR
Name	PEREZ, NADIR A	Name	LANDSBERG, JESSICA A
Address	4290 SW 149TH CT	Address	8140 SW 60TH AVE
City-State-Zip:	MIAMI FL 33185	City-State-Zip:	MIAMI FL 33143

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NADIR PEREZ

AMBR

04/28/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000016427

Entity Name: VEN-VAMOS STRATEGIES ,LLC

Current Principal Place of Business:

4290 SW 149TH CT
MIAMI, FL 33185

Current Mailing Address:

4290 SW 149TH CT
MIAMI, FL 33185 US

FEI Number: 82-4092877

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEREZ, NADIR A
4290 SW 149TH CT
MIAMI, FL 33185 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: NADIR A PEREZ

03/07/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name PEREZ, NADIR A
Address 4290 SW 149TH CT
City-State-Zip: MIAMI FL 33185

Title MGR
Name LANDSBERG, JESSICA A
Address 8140 SW 60TH AVE
City-State-Zip: MIAMI FL 33143

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NADIR PEREZ

AMBR

03/07/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000016427

Entity Name: VEN-VAMOS STRATEGIES ,LLC

Current Principal Place of Business:

6801 NW 77TH AVENUE
SUITE 203
MIAMI, FL 33166

Current Mailing Address:

6801 NW 77TH AVENUE
SUITE 203
MIAMI, FL 33166 US

FEI Number: 82-4092877

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PEREZ, NADIR A
5861 SW 4TH ST
MIAMI, FL 33144 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: NADIR A PEREZ

03/06/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name PEREZ, NADIR A
Address 5861 SW 4TH STREET
City-State-Zip: MIAMI FL 33144

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NADIR PEREZ

AMBR

03/06/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000016427

Entity Name: VEN-VAMOS STRATEGIES ,LLC

Current Principal Place of Business:

6801 NW 77TH AVENUE
SUITE 203
MIAMI, FL 33166

Current Mailing Address:

6801 NW 77TH AVENUE
SUITE 203
MIAMI, FL 33166 US

FEI Number: 82-4092877

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEREZ, NADIR A
5861 SW 4TH ST
MIAMI, FL 33144 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: NADIR A PEREZ

03/26/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name PEREZ, NADIR A
Address 5861 SW 4TH STREET
City-State-Zip: MIAMI FL 33144

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NADIR A PEREZ

AMBR

03/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

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